

1115 Waiver Response

The Illinois Collaboration on Youth welcomes the opportunity to share comments on the types of health services which should be covered under the 1115 Waiver to best serve and treat one of our most vulnerable yet promising populations—our children and youth. Much focus has been placed on the treating the manifestation of physical symptoms and illness, but there is emerging research showing that preventative measures put into place as early as childhood can significantly reduce future epidemics and decrease healthcare costs dramatically.

1. Home and Community-based Infrastructure, Coordination & Choice

We applaud the efforts of the state to rebuild the home and community-based infrastructure to serve those who have been institutionalized, and especially want to reinforce Illinois' efforts to address the social determinants of health that particularly affect those living in poverty.

We would like the state to consider that people (adults and juveniles) who have been incarcerated are also people who have been institutionalized and who may have specialized health and behavioral healthcare needs. The U.S. Department of Justice has estimated that approximately two-thirds of the juvenile justice population has mental health needs and people from impoverished backgrounds are disproportionately represented among the incarcerated. The development of community-based alternatives to incarceration would allow individuals to maintain their Medicaid status uninterrupted; and waivers could be sought to allow inmates to maintain their Medicaid eligibility without having to reapply prior to release. Programs like Redeploy Illinois offer a wide range of services to at-risk youth, including case management, counseling, court advocacy, and crisis intervention. Since its launch in 2004, Redeploy Illinois has reduced commitments to Illinois youth prisons by 52% resulting in a savings to the state of more than \$40

million in incarceration costs. In 2011 alone, 188 youth were redeployed, for a 53% reduction and \$9.2 million in savings.

We also encourage the state to consider youth who are wards of the Illinois Department of Children and Family Services living in residential programs as also being among the institutionalized population, and urge the state to strengthen the step-down options serving these young people as well. Community-based services can assist in groups with reducing recidivism and long-term health costs for the state.

In addition, we wish to add our voice to those encouraging the exploration of housing as a part of the Medicaid waiver process. In particular, we are eager to see programs like the Homeless Youth program, which not only provides temporary residences but helps our homeless youth on a longer term basis. Approximately 87% of unaccompanied homeless youth in Illinois served by these programs are moved into safe, stable housing and receive case management and other services that help to reduce the long-term incidence of homelessness.

2. Delivery System Transformation

ICOY urges Illinois to include case management services as Medicaid reimbursable as a part of the state's efforts to implement and expand innovative managed care models. Case management services can be critical elements of ensuring the effectiveness of health and behavioral health care.

3. Build the Capacity of the Health Care System for Population Health Management

ICOY recognizes the need for prevention and early intervention programs, especially in behavioral health, to bend the long-term cost curve for health care. For example, children and youth who suffer from one or more traumatic experiences are at increased risks of developing physical illnesses such as diabetes, hypertension and heart disease. Further, children who experience or are exposed to violence are at a much higher risk of experiencing or perpetrating violence as adults. The research shows that such health problems are preventable.

The Adverse Childhood Experiences Study (ACES) is a collaborative research study between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA. Over 17,000 Kaiser patients who participated in routine health screening volunteered to be ACES participants. Data from their participation reveals astounding proof of the health, social and economic risks that result from childhood trauma.

The findings are clear. The more adverse events a child faces in their youth, the more likely s/he is to have health problems later in life. Adverse experiences can range from maltreatment to neglect to abuse to witnessing violence. The effects of violence which can include intimate partner violence, verbal violence, child maltreatment and neglect, date rape, stalking, bullying carry through to adulthood and is a learned behavior which can span generations.

Children who live in households with intimate partner violence or in communities with violence you do not feel safe inside their home nor in their neighborhood or schools. That type of exposure to trauma and toxic stress affects children's mental and physical health.

The research shows it transforms the brain, alters perspectives and changes behaviors. Imagine this occurring at a community level, where there are high rates of violence and very limited access to resources to address these problems.

Additionally, there is an economic component. While violence does not discriminate and can impact the most indigent to the most affluent, economic stressors can exacerbate violence. One such examples is the increase in intimate partner violence as the economy starts to decline.

Prevention programs address these issues directly and work with the community to improve children's and adolescent' mental and physical health. Examples of these programs include: parenting, trauma interventions, substance abuse, pregnancy, and violence prevention, as well as afterschool programs that include a violence prevention or social and emotional learning component such as Teen REACH. Youth who drop out of high school are at much higher risk for cigarette smoking, underage drinking, and illegal drug use.

Early intervention programs include: Comprehensive Community-Based Youth Services (CCBYS), which provides 24-hour crisis intervention services for youth who have been locked out of their homes, runaways, truants and youth at risk of substantial or immediate danger to their own physical safety. Approximately 85% of youth are reunited with their families or placed in another safe, family-approved long term living arrangement and linked through case management to counseling, substance abuse treatment and domestic violence services, among others. Teen Parent Services provides case management services to teen mothers under the age of 20 to obtain, among other things, primary and preventive health care for themselves and their children, and to prevent subsequent pregnancies.

How the Waiver Funds Could Be Better Applied

Because many of these prevention programs help address mental health issues triggered by exposure to traumatic events early in life, the 1115 Waiver would be greatly benefit our youth in matching some or all of the costs for these and other similar programs. Teen pregnancy education has been shown to reduce the number pregnancies and given

greater opportunities for our youth to complete high school, go on to college and avoid engaging in high risk behaviors. Single teenage mothers engage in high rates of child abuse (citation).

Parenting education programs help struggling parents who may have also experienced the same type of trauma as their children break the cycle of violence by giving them new, healthy strategies and problem-solving techniques. Home visits and community based services also have been extremely effective in improving mental and physical health to our youth as opposed to incarceration or residential treatment.

By focusing on prevention rather than treatment, the entire community can come together to promote healthy relationships with our youth and address the problem on a larger scale. They are helping a new generation and preventing these problems from reoccurring for generations to come.

4. 21st Century Healthcare Workforce

As a part of the Illinois Medicaid waiver package, we urge the state to include social workers among those professionals who may be eligible for a loan repayment program when they accept employment in underserved areas or with particularly difficult or challenging populations.

5. General Commentary

We appreciate the opportunity to provide feedback and input into the state's waiver development process. As the state looks to make significant impacts on the long-term health outcomes for our residents, it is important that we invest in

broad based primary and preventive services for our youngest populations – children and youth – while they are still young. Addressing childhood trauma can make a difference today in the violence we see in our communities, emergency rooms, and jails, and tomorrow in the health profiles of the adults that these children become.

Please feel free to contact us with your questions: Andrea Durbin, adurbin@icoyouth.org or 312-718-6085.